



CT 4A

State Form 46862

(R/ 6-02)

Registration No. _____

CIGARETTE TAX STAMP ORDER

Mail to:

Indiana Department of Revenue

Post Office Box 901

Indianapolis, Indiana 46206-0901

Entry No. _____

Date _____

Quantity	Description	Price	Amount
_____	Rolls of 30M 55.5¢ Stamps, 20 Cigarettes	\$16,650.00/roll	\$ _____
	Serial Nos. _____		
_____	Sheets of 150 55.5¢ Stamps, 20 Cigarettes (WIDES)	\$ 83.25/sheet	\$ _____
	Serial Nos. _____		
_____	Fuson Stamps, 20 Cigarettes	\$ 0.555/each	\$ _____
	Serial Nos. _____		
_____	Cigarette Papers	\$ 0.12/each	\$ _____
	Serial Nos. _____		
	Total		\$ _____
	Discount-1.2%		\$ _____
	Net Amount		\$ _____
	Postage		\$ _____
	Total Amount		\$ _____

Firm Name (Printed or Typed)_____
Street and No._____
City State Zip

By _____

Authorized Agent & Title

Enclosed Please Find Our Remittance
Payable to: Indiana Department of Revenue

OR

As a Distributor Bonded for Payment
of this Tax, Charge our Account.

(Check Applicable Box)

Send both copies -- Yellow Copy returned with order

}	<input type="checkbox"/>
	<input type="checkbox"/>